

## After your transfer from Children and Young People’s Mental Health Services: Service User Survey

Now you have transferred from Children and Young People’s Mental health Services, we would like to know what your experience has been of this process.

Understanding your experience will help us to improve this process for other young people in the future.

### About You

1. How would you describe your gender?

Female  Male  Transgender  Other

2. How old are you?  Years  Months

3. Do you have a disability that affects your communication?

Yes  No  Prefer not to say

4. How old were you when you started the transition process?

Years  Months

5. How long were you using the CAMHS services for?

Years  Months

6. Was your GP informed of your discharge from Children and Young People’s services?

Yes  No  Don’t know

7. Have you met with your GP since being discharged from services?

Yes  No

8. Are you meeting the transition goals set out in your discharge plan?

Yes          No          Don't know

9. During appointments after your discharge have you been treated as a:

Child       Young Person       Adult

Do you feel this is appropriate?

Yes           No

10. Overall, how satisfied do you feel about the discharge process?

Very satisfied       Satisfied       Not very satisfied       Not at all satisfied

Can you please explain why you were satisfied or not?

11. Would you like to comment on what went well during the discharge process and what we could do to improve it?

**Thank you for taking the time to complete this survey.**

**Please return to**